PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) INTERNATIONAL BOTTLED WATER ASSOCIATION POLITICAL ACTION COMMITT 1700 DIAGONAL ROAD SUITE 650 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS itoner@bottledwater.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.bottledwater.org/ (Check if address is changed) DATE 2014 C00457226 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Shayron Barnes-Selby Type or Print Name of Treasurer Shayron Barnes-Selby [Electronically Filed] 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
i	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	COMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Part	y Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Polit	tical A	action Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization X Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised			Page 3
Write or Type Committee Name		ITICAL ACTION	
-	OTTLED WATER ASSOCIATION POL		
-	Organization, Affiliated Committee, Joint Fundraising Rep	oresentative, or Leadershi	p PAC Sponsor
International Bottled V	Vater Association		
Mailing Address	1700 Diagonal Road		
mailing radioss	Suite 650		
	Alexandria	VA 22314	
	CITY	STATE Z	IP CODE
_			
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraisin	g Representative Lead	lership PAC Sponsor
7. Custodian of Records: Idea books and records. James To Full Name Mailing Address Title or Position	ner 1700 Diagonal Road Suite 650 Alexandria CITY	VA 22314	IP CODE
Assistant Treasurer		. 703 6	83 5213
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the nam	e and address of
Full Name Shayron B	arnes-Selby		
Mailing Address	5660 New Northside Drive Suite 500		
Tills on Dee''	Atlanta CITY	GA 30328 STATE ZI	P CODE
Title or Position		770	0750

Telephone number

	m 1 (Revised 02	2000)					
Full Name of	James Toner						
Designated Agent							
-	17	00 Diagonal Road					
Mailing Address		ite 650					
	Al	exandria		I	VA	22314	-
	_	CITY			STATE		ZIP CODE
Title or Position Assistant Treas	surer		Tele	phone num	ber 7	703	683
safety deposit b	oxes or maintains	ist all banks or other deposit funds.	ories in which th	ne committe	ee deposits	funds, hold	ds accounts, rents
Name of Bank,	Depository, etc.						
Name of Bank,		Bank					
	SunTrust	Bank 45 New York Avenue, NW		1 1 1 1			
Mailing Address	SunTrust						
	SunTrust						
	SunTrust				DC	20005	
	SunTrust	45 New York Avenue, NW			DC	20005	ZIP CODE
Mailing Address	SunTrust	45 New York Avenue, NW				20005	ZIP CODE
Mailing Address	SunTrust	45 New York Avenue, NW				20005	ZIP CODE
Mailing Address	SunTrust 14 W	45 New York Avenue, NW				20005	ZIP CODE
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	SunTrust 14 W	45 New York Avenue, NW				20005	ZIP CODE

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1N Transaction ID:

This is an amended statement organization for the International Bottled Water Association PAC, amending the Statement of Organization last submitted on July 21, 2010.

Form/Schedule: Transaction ID: